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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *M*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *AK*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verifier and Acknowledged Examiner's Signature	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 3
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## TITLE

Medical record cards and storage systems

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